



TopLine MD Alliance

**Diagnostic Center of Miami**  
7500 SW 87 Ave, Ste 100 Miami, FL  
P: 305-740-5100 • F: 305-596-0606  
dxcentermiami.com



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**Midtown Women's Center**  
2751 North Miami Ave, Ste 4 Miami, FL  
P: 786-375-6600 • F: 305-573-0186  
midtownwomenscenter.com



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**Pembroke Pink Imaging**  
15735 Pines Blvd Pembroke Pines, FL  
P: 954-517-1725 • F: 954-517-1729  
pembrokepink.com



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**Care Diagnostics**  
8903 Glades Rd, Suite H-1  
Boca Raton, FL  
P: 561-361-7872 • F: 561-361-7873  
carediagnostics.com

## Medical Records Release Form

Patient Name: \_\_\_\_\_ Other name(s) used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Prior Imaging Facility Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**REQUESTING: UP TO 5 YEARS OF BREAST RELATED RECORDS STAT!!**

**➡ PLEASE SEND IMAGES VIA POWERSHARE & FAX REPORTS STAT!!!! ⬅**

**If Powershare or Portal Link Unavailable:** Please mail and fax reports to the following location:

### **ATTENTION: MEDICAL RECORDS DEPAR**

☐ **Diagnostic Center of Miami**  
7500 SW 87th Avenue, Suite 100  
Miami, FL 33173-5426  
Fax (305) 596-4960

☐ **Pembroke Pink Imaging**  
15735 Pines Blvd  
Pembroke Pines, FL 33027  
Fax (954) 517-1729

☐ **Midtown Women's Center**  
2751 North Miami Ave, Suite 4  
Miami, FL 33127  
Fax (305) 573-0186

☐ **Care Diagnostics**  
8903 Glades Road, Suite H-1  
Boca Raton, FL 33434  
Fax (561) 361-7873

I hereby authorize the release of the above-mentioned medical records.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IT IS THE PATIENT'S FULL RESPONSIBILITY TO CONTACT OUR FACILITY TO FOLLOW UP ON THE CURRENT STATUS OF THEIR PENDING MEDICAL RECORDS REQUEST,  
IF ARRIVAL TAKES LONGER THAN 2 WEEKS TO RECEIVE (IN CASE RE-REQUEST IS NEEDED).



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PURSUANT TO THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"). RECEIPT BY ANYONE OTHER THAN THE NAME RECIPIENTS(S) IS NOT A WAIVER OF ANY APPLICABLE PRIVILEGE. THANK YOU IN ADVANCE FOR YOUR COMPLIANCE WITH THIS NOTICE.